mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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V. S. No. 1

TION is very important. See instructions on back of certificate.

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	. Every	CIANS
6	A PERMANENT RECORD.	PHYSICIANS
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OR BINDING	IANE	ited EXACTLY.
BIN	PERM	EX
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Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEA

2251

1. PLACE OF DEATH	
County Morcester	Registration Dist. No. 35/
WITHIN COLORATE LIMITA	Al-
Village or City South I We (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James W. attained	If U. S. Veteran, specify WAR 11
(a) Residence: No. Janow Zill Ma R. A.D. H.	/St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH FFBRUARY 28 , 193 7 (Month) (Day) (Year)
5å. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Thelma (ithenson)	
6. DATE OF BIRTH (month, day, and year) Cure, 8 - 1900	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atA.m. Calout 1
36 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Maternal Canada Pate of onset
kind of work done, as SPINNER Jamely SAWYER, BOOKKEEPER, etc. Jamely	A
kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked and the constraint of this eccuration (most) and the constraint of the constrain	Liguet decored immense any
SAW MILL, BANK, etc	Primary Course: Prente skeobalison of who ?.
this occupation (month and spent in this occupation A	Duration : not stated:
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city of town) May Williams (State or country)	
13. NAME Daniel M. Cithenson	
13. NAME Sumull M. Cithanson	Neme of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an eutopsy? 244)
E 15. MAIDEN NAME MOROS & LOWELL	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME STORMS 8- SOURS	Accident, suicide, or homicide? The Arthur Date of injury 19
(State of country)	Where did injury occur?
17. INFORMANT Damuel Marthurson	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
(Address) Show Hall My R. T. D. #1	
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Placeff 1/2 Colly Date ff Well of 193	Nature of injury
19. UNDERTAKER Speaking & lole and in	24. Was disease or injury in any way related to occupation of deceased?
(Address) Snow Hill mg	If so, specify
20. FILED 3/2/ 1937 Le Cay Swith	(Signed) Will W. Vorse, asting Cornel M.D.
Registrar.	(Address) Suon Hill and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance	
and the state of t		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 2252
1. PLACE OF DEATH	(50) ARONATE LIMITO OF
County Wagnester	Registration Dist. No. 350
Village or City to como la Ceta	No. St., Ward
	if death occurred in a hospital or institution, give its NAME, instead of street and number)
Langth of rasidence in city or town where death occurredrsmo	sds. How long In U.S. If of foreign birth?yrsmosds
2. FULL NAME MULLE Dail	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COTOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	Meh. 1937
5a. If married, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Major Bailey	22. JI HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Lovet Recoder	I last saw h alive on long Zo 1937 : death is talk
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 230 P. m.
76 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows: Date olonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceasad last worked at 11. Total time (years)	17
10. Date daceasad last worked at this occupation (month and 932) 11. Total time (years) spant in this occupation.	
12. BIRTHPLACE (city or town) LACOLUGE COS. (State or country) Lergue	Other Contributory Causes of importance:
II 13. NAME Levi Ceraffer	
14. BIRTHPLACE (city or town)	Name of oparetion
(State or country) Vergeria	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME weline Croffer	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NANGEMELINE Ceroffer 16. BIRTHPLACE (city or town) Common Co	Accident, sulcide, or homicide? Date of injury, 19
(State or country) (Hergen	Where did Injury occur?
17. INFORMANT Acque Soiler	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL CREMATION OR REMOVAL	Manner of Injury
Place Procede Topological place D. 1937	Nature of injury
10 HADERTAND BY LATER TO TO BE WAS	24. Was disease or injury In any way related to occupation of deceased?
(Address) com la Certe U.	If so, specify
20 5USD 70/0 4 1037 An 4 500/1 A	(Signad) M. [
20. FILED Tel. 7, 192 Mile Co. N. Tulle Resistrar.	(Address)

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Example I	li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 3 1037	1		
Other contributory causes of importance N . ${\mathfrak S}$.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING ARGIN RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH state of infor-OCCUPA-1. PLACE OF DEATH 107pluods item Village or City Jo PHYSICIANS Length of residence in city or town where death occurred Every statement RECORD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (qurite the PERMANENT sug kes classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LES Days 1 day, ___ or..... 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ -THIS OCCUPATION pe jo back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may should so that it 10. Date deceased last worked at this occupation (month and 11. Total time (years) instructions on spent in this year) _____ occupation ... 12. BIRTHPLACE (city or town) (State or country) supplied. CAUSE OF DEATH in plain terms, HER 13. NAME See FAT 14. BIRTHPLACE (city or town). (State or country) be carefully MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) plnods very (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE mation LION (Address)

VED., ord) 21. DATE OF DEATH (Month) (Day) (Yedr) 22. I HEREBY CERTIFY. That I attended deceased from 19		Registration Dist. No. Q. Q.
St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	()F	
St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from 19 to	mos	ds. How long in U.S. if of foreign birth?yrsmosds.
St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from 19., to 19. 1 last saw h. elive on 19.; death is said to have occurred on the date stated above, at 19. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Where as follows: Name of operation. What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature	ai	If U. S. Veteran, specify WAR 20 -
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY. That I attended deceased from 19 to 19 death is said to have occurred on the date stated above, at 19 death is said to have occurred on the date stated above, at 19 death is said to have occurred on the date stated above, at 19 death is said to have occurred on the date stated above, at 19 death is said to have occurred on the date stated above, at 19 death is said to have occurred on the date stated above, at 19 death is said to have occurred on the date stated above, at 19 death is said to have occurred on the date stated above, at 19 death is said to have occurred of importance were as follows: 10. Date of onset 19 death is said to have occurred in importance: 20 death is said to have occurred in inpury. 23. If death was due to external causes (VIOLENCE) fill in also the following: 20 death, suicide, or homicide? 21 death in inpury occurred in inpury. 22 death inpury occurred in inpury. 32 death inpury occurred in inpury. 33 death inpury occurred in inpury. 34 death inpury occurred in inpury. 35 death inpury occurred in inpury. 36 death inpury. 37 death inpury occurred in inpury. 38 death inpury. 38 death inpury. 39 death inpury occurred in inpury. 30 death inpury. 30 death inpury. 31 death inpury. 31 death inpury. 31 death inpury. 32 death inpury. 34 death inpury. 35 death inpury. 36 death inpury. 37 death inpury. 38 death inpury. 38 death inpury. 39 death inpury. 30 death inpury. 31 death is an inpury. 31 death inpury. 31 death inpury. 31 death is an inpury. 31 death inpury. 31 death is an inpury. 31 death inpury. 31 death is an inpury. 32 death is an inpury. 33 death is an inpury. 34 death is an inpury		St., Ward.
VED., ord) 21. DATE OF DEATH (Month) (Day) (Yedr) 22. I HEREBY CERTIFY. That I attended deceased from the late stated above, at than to have occurred on the date stated above, at the min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: A College of the late of the lat		
(Month) (Day) (Yedr) 22. I HEREBY CERTIFY. That I attended deceased from 19, to, 19 (I last saw h		
1 1 1 1 1 1 1 1 1 1	vord)	2//3 1933/
I last saw h elive on , 19; death is said to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Were as follows: Other Contributery Causes of importance: What test confirmed diagnosis? What test confirmed diagnosis? Accident, suicide, or homicide? Date of Injury Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury in any way releted to occupation of deceased? If so, specify (Signed) Address)		
than to have occurred on the date stated above, at	,	, 19, to, 19
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: TO DESCRIPTION THE RELEGIONS Date of onset When the contributory Causes of importance: What test confirmed diagnosis? Accident, suicide, or homicide? Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury in any way releted to occupation of deceased? If so, specify (Address) Although the injury of the control of the caused? (Address) Although the injury of the control of the caused? (Address) Although the injury of the control of the caused? (Address) Although the injury of the control of the caused? (Address) Although the injury of the control of the caused? (Address) Although the injury of the control of the caused? (Address) Although the injury of the control of the caused? (Address) Although the injury of the caused	6	// ^
In the property of the propert		
Name of operation What test confirmed diagnosis? Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Name of injury Name of injury Name of operation What test confirmed diagnosis? Was there an aulopsy? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	nin.	were as follows:
Name of operation		no doctor in allerdance
Name of operation		cough about a week
Name of operation		bed but to send dead
Name of operation		Other Contributory Causes of importance: at 4a, 14,
Name of operation	<u> </u>	Buredu ouiel,
Name of operation	١	7
What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury , 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury in any way releted to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address) (Address) (Address)		
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Wes disease or injury in any way releted to occupation of deceased? If so, specify (Signed) Address)	-	
Accident, suicide, or homicide?		
Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Wes disease or injury in any way releted to occupation of deceased? If so, specify (Signed) Address) Address)		
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Nature of injury 24. Wes disease or injury in any way releted to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address)	-0	open, anome injuly occurred in supportal, in nome, of in Public Place.
Nature of injury 24. Wes disease or injury in any way releted to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address)	<i>\(\)</i>	Mannar of injury
24. Wes disease or injury in any way releted to occupation of deceased? If so, specify Signed Address	37	
(Signed) LESS Swell Rog # M. V. (Address) Sefectabill Mile 9.		
(Signed) Lety Dyell Cog + M.V. (Address) Stephen Stell Mid		
	t,	(Signed) LELDY Durch & Cog + M. V.
egistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	strar.	

If more blanks are needed, address State

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	1	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1937	July 5, 1927	Peritonilis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2254
1. PLACE OF DEATH	107
County Wexcester	Registration Dist. No. 35/
Village or City Mewark R. 7. D. #/	No. St. Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Stella Brown	Zi.
M. DINT	If U. S. Veteran, specify WAR
(a) Residence: No. Lwask N' 71, D' H	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR OVORCED (write the word)	21. DATE OF DEATH TIEL. 2/ 193 7 (Month) (Oay) (lear)
B. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. i HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, end yeer) 27-1937	I last saw h elive on
AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et 930 A.m.
O 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	no soclor en allendance
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Weatling - France berth -
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. J. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at seent in this seent in this	premature-7 mos- Trady
SAW MILL, BANK, etc	trad cold & cough - Proti-
this occupation (month end year) spent in this occupation	Jably Brougho pullemarina
2. BIRTHPLACE (city or town) Dalisbury (L. H. Haghetal	Other Contributory Causes of importance:
(State or country)	
13. NAME Charlie Brown. 14. BIRTHPLACE (city or town) Understand	
14. BIRTHPLACE (city or town) Zendenson	Name of operation
(State or country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME Maure Tobline	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Thewark MAR. F. D. #	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL TIEF 21 1027	Menner of injury
Plecellul Mighty Oate 121, 1934	Neture of Injury
9. UNOERTAKER / Gearne & Degrand of	24. Was disease or injury in any way related to occupation of deceased?
(Address) of the first of	If so, specify
0. FILEO 7 7/ 195/ RECORD ACELULA.	(Signed) & Serofe Hell, Mid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

B. WRITE PL

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
OIL V. B.	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

te te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	
	county occupier or organ and	Registration Dist. No. 352
- 11	Village or City Berlin my	NoSt.,Ward
0		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
AN	2. FULL NAME Charlatte Mary B	<i>+</i> -Λ
PHYSICIANS ict statement		When I U. S. Veteran, specify WAR
Sta	(a) Residence: No. / Sublem (Mcd - U (Usual place of abode)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the, word)	21. DATE OF DEATH LES 28
-	Jemale White I married.	(Month) (Day) (Year)
X A C T L	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dudley Butler.	22. FL 1 HEREBY CERTIFY That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Two, 20, 188	I last saw h. 22 alive on Jeb 28 437; death is said
- 4	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
stated proper ertific	52 3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be of	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	anjena declores pon 188
should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
s sh	10. Date deceased last worked at this occupation (month and 1/27/37 spent in this occupation corupation	
oplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town) maine.	Other Contributory Causes of importance:
, ,	(State or country)	
illy supplied plain terms, . See instru	13. NAME William Parker Doc	
sup in te	14. BIRTHPLACE (city or town)	Name of operation
lly plair	1 (State of County)	What test confirmed diagnosis? Was there an autopsy?
efu in ant	15. MAIDEN NAME wkww.	23. If death was due to external causes (VIOLENCE) fill in also the following:
car TH yort	16. BIRTHPLACE (city or town)	Accident, suicide, or homlcide?
ld be careful DEATH in p y important.	m. 10. 10. B. Tl	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address)	Specify whether injury occurred in themes KT, in Homes, of in Fodelic PEACE.
10	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Date James, Hyde Jark 1 ypote I Jarch S, 19 37	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER J. W. Burbage (Address) Burbage	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED 2/28, 1937 LS If Miles 1809 1809 1809 1809 1809 1809 1809 1809	(Signed). M. D.
		2411 N. (barles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The state of the s	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 2256
	1. PLACE OF DEATH	197.2
occ	County Strates	Registration Dist. No. 353
item of should of OCC	Village or City Domporelle ma	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
200 4	Length of residence incits or town where death occurred fyrs, mos.	ds. How long in U.S. if of foreign birth? 32 yrs. mos. ds.
CORD. Every PHYSICIANS oct statement	2. FULL NAME Marsha Coll	ius
D. SIC	(a) Residence: No. Dishaprolles	St., Ward.
OR HY t s	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
F	Fecualic Mills OR (DIVORCED (write the word)	(Month) (Day) (Year)
A C ssift	5a. If married, widowed or divorced HUSBAND of (or) WIFE of CE STOLL Collins	22. 1 HEREBY CERTIFY, That I attended deceased from
	1/15/98	I last saw h alive on 7th, 25 , 193.7; death is said
PEI d E	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1227. m.
IS A PE stated E properly certificate.	57 10 73 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
be st be pr of cel	8 Trade profession or particular	Bunsho fermina
Should it may n back	Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et this occupation (month end	
INI INI Sh I it	10. Date decessed last worked et this occupation (month end year) this occupation coupation coupation.	
7 4 4 0		Other Castributary Causes of importance:
d. so ructi	12. BIRTHPLACE (city or town) Clawware (State or country)	Fulusionary o villa
IH UNFA y supplied ain terms, See instru	E 13. NAME Luther Collins	
Unsupplied the series	13. NAME AUSTUS COLLINS 14. BIRTHPLACE (city or town). Polaniania	Name of operation
ly slair	(State of Country)	What test confirmed diagnosis?
WITH efully in plai	15. MAIDEN NAME MAJES a G GUUN 16. BIRTHPLACE (city or town) - Fog GAN (QUANT)	23. If death was due to external causes (VIOLENCE) fill In also the following:
Car CH Orts	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Be 3A7	(State or country)	Where did injury occur?(Specify city or town, county and State)
E PLAINLY, WI should be careful OF DEATH in p	17. INFORMANT A Challeng Collens (Address) (Bishoppelle md	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
WRITINATION AND INCOME.	Place (IIII Tellette Dete 1/1), 193/	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER (Struck) Survey (Address) Bealing 2009	24. Was disease or Injury in any way related to occupation of deceased?
m	Jel /27 0	If so, specify (Signed) M. D.
ż	20. FILED Company (Negistrar.	(Address) / Juliahing vill
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

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AGE should be

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND-CERTIFICATE OF DEATH

13	0	(Inn	100
- "	"/	14	1
4	4	17	0

1. PLACE OF DEATH	(54-9)
County Warester	Registration Dist. No. 355
Village or City / Buslin md	NOSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 d yrsmo	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME LESSIE M. Buff	If U. S. Veteran, specify WAR.
(a) Residence No. 13 whim md.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale W OR DIVORCED (ravice the word)	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) Phyl. 28, 1886	I lest saw h & alive on I , 1957; death is sain
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et _ 2 / 2m.
30 8 11 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	acute Myo carditer /day
9. Industry or business in which work was done as SILK MILL.	
SAW MILL, BANK, etc	The operations were performed for utering
12. BIRTHPLACE (city or town) mdg	Other Contributory Causes of importance: fibroads. Swift.
(Stete or country)	- piratini - surval 2 um
I	Duration of retoring fabroids: Unbarrows
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Flischeth Cacho	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Clipabith Cacho 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sud Dulwing (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Deslin Md Deter Hist. 21, 1903	Neture of injury
19. UNDERTAKER L. M. Bushage	24. Wes disease or injury in any way related to occupation of deceased?
20, FILED 2-21- 197 Helen F. Harris	(Signed) Malin From M. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis MAR 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

certificate.

Jo back

See instructions on

TION is very important.

V. S. No. 1

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(Address)

(Address)

19. UNDERTAKER

20. FILED.

18. BURIAL, CREMATION, OR REMOVAL

OCCUPA-

	STATE C	F MARY	LAND-	CERTIFICATE OF DE	ATH 2258
1. PLACE OF				<u>(8)</u>	6.5
County	Worcest	ir		Registratio	on Dist. No. 36/
Village or C	ity MINING	M		No.	St. Ward
	,			death occurred in a hospital or institution, give its NA	ME instead of street and number)
Length of resi	dence in city or town where o	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth?_	yrsds.
2. FULL NA	ME Haley	Dem	wo	If U.S. Veteran apecify WAR	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(a) Residen	ce: No. Mu	are 7 (Usual place of	nd abode)	St., Ward.	ent give city or town and State
PERSON	AL AND STATIST	CAL PARTIC	ULARS	MEDICAL CERTIFICAT	TE OF DEATH
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH	(Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced				Fy. That I attended deceased from
6. DATE OF BIRTH	(month, day, end yeer)	Felo 15	37	I last saw h alive on	death is seld
7. AGE Yea	Months O	Days	If LESS than I day, hrs.	to have occurred on the date stated above, et	auses of Importance
8. Trade, profes	ssion, or particular vork done, es SPINNER, BOOKKEEPER, etc.	rone		Dead Corn	Date of onset
work wes	business In which s done, as SILK MILL, L, BANK, etc				
- 1110 0000	ed last worked at pation (month and		ne (years) in this pation		
12. BIRTHPLACE (ci		are		Other Contributory Causes of importance:	
13. NAME 14. BIRTHPLACE (State or	Hanns	Dun	NO		
1 (State of	(city or town) Nuc	wark		Name of operetion	
15. MAIDEN NA	ME Mar	1 all	m	23. If death was due to externel causes (VIOL ENCE) fill in elso the following:
	(city or town)	wark		Accident, suicide, or homicide?	
17 INFORMANT	Mary	Dum	io ,	(Specify city Specify whether Injury occurred in INDUSTRY, in	y or town, county and State) HOME, or In PUBLIC PLACE.

Registrat If more blanks afe needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Nature of injury 24. Was disease or injury in

If so, specify

(Signed)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
KURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND CEDTIFICATE OF DEATH

1	. PLACE OF	DEATH	OF MA	TRILAND	82-0	OF DEATH	
	County	Worcester		WITHIN C	ONPURATA LIMITS OF	Registration Dist. I	No. 250
	Village or Ci	ty Pecemelo	e City		No		St War
	Length of rasio	dence in city or town who	era deeth occurred	(1) 1mos	f death occurred in a hospital or institut ds. How long In U.S. if o	tion, give its NAME instea f foreign birth?	d of street and number) yrsmosd
2	. FULL NAM	ME Rose Et	ta Enni	S	If U. S. Veteran,	specify WAR	
	(a) Residence	e: No.			St., Ward.		
	PERSON	AL AND STATIS		place of abode)	MEDICAL CI	If nonresident give cit ERTIFICATE OF	ty or town and State
3. 5		4. COLOR OR RACE	1	MARRIED, WIDOWED.	21. DATE OF DEATH	ERTIFICATE OF	DEATH
-	'emale	White		RCED (write the word)	Pocomoke CityF	Cebruary (Month)	7 th., 193 7 Day) (Yaar)
58.	If married, widowe HUSBANO of (or) WIFE of	sidney B.E	nnis		22. JIHEREBY	CERTIFY. Th	hat I attended deceased fro
6 1	ATE OF RIPTH (month day and year)	Tabana	v14th.1860	i last saw h aliva on	Feb 24	1947; deeth is se
7. /			Oays		to have occurred on the date state	d above, at 6 . 50A	n,
	77	**	12	1 dey,hrs.	The PRINCIPAL CAUSE OF DEAT ware as follows:		nportanca Oate of onse
OCCUPATION	9. Industry or b work was SAW MILI 10. Date daceasa this occup yaar)	ation (month and	ov. 11.70	otal time (years) spent in this occupation	Other Contributory Causes of Impo	Present	- 7/27.
	(State or coun	r or town) ACCOM try) V	ac caun irginia	.U.Y.	Perebral	Lemms	hay 7/27.
HER	13. NAMEBall	tholomew					
FATHER	14. BIRTHPLACE (Steta or	(city of town)	ceomae Co Virgini		Nama of operation What test confirmed diagnosis?	Lineal	Data of
HER	15. MAIOEN NAM	1211111	Grace Ba		23. If death was due to axternal cau	ses (VIOLENCE) fill in als	so the following:
MOTHER	16. BIRTHPLACE (State or	(city of town)	comac Co Virgini		Accident, suicide, or homicide? Where did Injury occur?		
17.	INFORMANT I		urten		Where did Injury occur? Specify whethar injury occurred In	(Specify city or town, INDUSTRY, In HOME, or	county and State) In PUBLIC PLACE.
18.	BURIAL, CREMATI	ON, OR REMOVAL		rchlat, 1937	Mennar of Injury		
19.	UNOERTAKER(Address)]) (Vernon P.	Stevenso		24. Was disease or injury in any w		
20.	FILED Mares	U.L., 1937	anne ?	E. Thete. Registrar.	(Signad)(Addrass)	menty &	m.

V. S. No. 1

state

PHYSICIANS should

OCCUPA.

Exact statement of

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

pe

D. Every item of infor-

IS A PERMANENT RECO. stated EXACTLY. properly classified.

WITH UNFADING INK-THIS

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FOR BINDING

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1 1 1 V V S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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12. BIRTHPLACE (city or town)
(State or country)

15. MAIOEN NAME

(Address)

17. INFORMANT

19. UNDERTAKER
(Address)

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town)
(State or country)

18. BURIAL, CREMATION, OR REMOVAL

FATHER

MOTHER

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Jo

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City M (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred, How long in U.S. if of foreign birth?_____yrs.____mos. If U.S. Veteran specify WAR..... (a) Residence: No. Do (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) marrud (Month) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of 10 6. DATE OF BIRTH (month, day, end year) 7. AGE If LESS than Years Months Davs 1 dey, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total time (years) this occupetion (month and spant In this occupation

Name of operation ______ Date of ______ What test confirmed diagnosis? ______ Was there an autopsy? ______ 23. if death was due to external ceuses (VIOL ENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Neture of Injury.

24. Was disease or injury in any way releted to occupation of deceesed?

(Signed)

(Address) Duw YU 10

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Registrar.

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Example I			Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAD 9 1007	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEAU V. S.	July 5,1927	Peritonitis	3 days ago	
	and the second and an artist and a second an				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

2261

1.	PLACE OF DEATH	(93-0)
	County Worcesles HMITO	Registration Dist. No. 35/
	Village Dr City Hill	NoSt., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	<i>f'</i>	\mathcal{M}_{n}
4.	FULL NAME (Inme Hacce)	If U. S. Veteran, specify WAR
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATHY 193.7
5a.	If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
	(or) WIFE of William Sauce	22. HEREBY CERTIFY, That I attended deceased from
6. D	ATE OF BIRTH (month, day, and year) March 8 - 1864	I last saw her alive on 2/10 / 37, 19; deeth is seid
7. A	GE Years Months Days If LESS twan 1 day,	to have occurred on the date stated ebove, at 3
	72 / d ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
AT	9. Industry or business in which	(Sometical Dettina)
OCCUPATION	work was done, as SILK MILL, bunlome	() name of 12mm
000	10. Data deceased last worked at this occupation (month and 1) 11. Total time (years) spent in this 40 4/10 occupation occupation.	
12	BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
1	(State or country) Maryland	-Mar My Parolito
ER	13. NAME Devero Henry	
FATHER	14. BIRTHPLACE (city or town)	Neme of operation
	(State or country) Maryland	What test confirmed diagnosis? Sluce Was there en autopsys!
HE!	15. MAIDEN NAME Paura Kobbins	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city or town) - Thomas Control	Accident, suicide, or homicide? Dete of Injury, 19
-	(State or country)	Where did injury occur?(Specify city or town, county and State)
17. 1	NFORMANT Author Hill My	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.1	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Placotengy Cems. Date Tel. 13, 1937	Nature of Injury
19.	INDERTAKER / fame + Degrand	24. Was disease or intervine way related to occupation of deceased?
	(Address) snow Hills Mg	If so, specify for the second
20. 1	TILED 7/12, 1937 LExcoy Swith Registrar.	(Signed) M. D. (Address Cure Color Hand) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows:of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	CERTIFICATE OF DEATH 2262
1. PLACE OF DEATH	106-8
County Morcesley	Registration Dist. No. 35/
Village or City Newarl R. 7. D.#/	NDSt, Ward
	death occupied in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	de. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME // and Cos Nammer	If U. S. Veteran, specify WAR 1
(a) Residence: No. Maranh Pr. Fr. D. #	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 3 , 193 7 (Month) (Day) (Year)
5e. If marriad, widowad, or divorced HUSBAND of (or) WIFE of HUSBAND OF	1 HEREBY CERTIFY. That I attanded decassed from
6. DATE OF BIRTH (month, day, and year) Panking and	I last saw hell alive on 1921, to 1937; death is said
7. AGE Yaers Months Days IT LESS than	to have occurred on the date stated above, at 2 m.
71 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trada, profession, or particular	ware as follows:
kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	- unknown
9. Industry or business in which	(1) D. Kulan Olina
work was dona, as SILK MILL, SAW MILL, BANK, atc.	Alal I was a second
10. Date decessed last worked styles occupation (mention and the year) year) 11. Total tima (years) spent in this occupation occupation	Nyousta
24 // //	Other Cuntributery Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	A Company
7/1/	Minus Dimenly
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of oparation Date of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If deeth wes dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (Stata or country)	Where did injury occur?
17. INFORMANT Callie J. Formson	(Specify city or town, county and State) Spacify whether injury occurred in iNOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Injury
Pladelinesel Com: Doc Stel 26, 1937	Manner of Injury
19. UNDERTAKER / Slarme In the	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Snow Hill mo	If so, spacify
2825 37 PEA 8/11	(Signed) / WARRAGE ART BATTLE H.D.

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(Address)

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Chronic interstitial nephritis AR 5 1901	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NO KU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MINEL, WILL CONTABING INN-IAMS IS A LIMITARY MICORDI LICE OF	ld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	
	d EXAC	erly classi	01000
D 10 A	e state	prope	
T	pe	be	
T-VAL	Should 5	DEATH in plain terms, so that it may be properly	
DITTO	L AGE	so tha	-
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ILVLI,	be car	EATH	-

STATE OF MARYLAND—CERTIFICATE OF DEATH

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2	2	S	P	5
-	-	-		

1. PLACE OF DEATH	930
County Warrenter	Registration Dist. No. 352
	NoSt., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. If of foreign birth?yrsmosds.
(17/7/7/	
(a) Residence: No. Sully M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (cuffic the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Harman	22. HEREBY CERTIFY, That I attended deceased from ,19, to
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day,hrs ormin.	to heve occurred on the date steted ebove, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of onset
8. Frede, profession, or particular kind of work dona, as SPINNER,	Chronio Myocardilis
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decessed last worked at this occupation (month and	epseud myo caracis
10. Date decessad last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Other Centributery Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 14. BIRTHPYACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Workmann	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Diese Harman (Address) Paga Sile md	Whare did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place & Dulling MA Date Al 17, 193	Nature of Injury
19. UNDERTAKER & Burkuge mg	24. Was disaase or injury In any way ralated to occupation of deceasad?
20. FILED FEEK 17, 1937 I Wi Meinford Depth Registrar.	(Signed) Choo! Government M. D. (Addrass) Rule Choose M. D.
If more blanks are needed, addless State Registro	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

9	17	1	19
~	4	0	1

County Village of City Ward Length of residence in cityprofrom where death occurred J. 3. yrs mos ds. 2. FULL NAME (a) Residence: No	1. PLACE OF DEATH	1620	
Village of City Ward Length of residence in city ofform where deth occurred J 3 yr 5 mes J 4s. How long in U. S. It of foreign birth yrs. mos. ds. 2. FULL NAME (a) Residence: No. Custoff of the Control of State St	County Morcusles	Registration Dist. No. 30/	
Langth of residence in olly offwar where death occurred 1. 3yrs. 5. mos. 6s. How long in U. S. It of foreign bith). yrs. mos. 6s. 2. FULL NAME (a) Residence: No. (Usualplace of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SIX. 4. PLOR-OR RACE S. SINGLE, MARRIED, WIDWED 10. DESTORATION OF BIRTH (month, day, and years where a state of the control of the con	Village or City Many Mill	No. St. V	Ward
2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 1. SXX 4. SPOLOR, OR RACE OD LYDORY STATISTICAL PARTICULARS 1. SXX 4. SPOLOR, OR RACE OD LYDORY STATISTICAL PARTICULARS 1. SXX 4. SPOLOR, OR RACE OD LYDORY STATISTICAL PARTICULARS 1. SXX 4. SPOLOR, OR RACE OD LYDORY STATISTICAL PARTICULARS 1. SXX 4. SPOLOR, OR RACE OD LYDORY STATISTICAL PARTICULARS 1. SXX 4. SPOLOR, OR RACE OD LYDORY STATISTICAL PARTICULARS 1. SXX 4. SPOLOR, OR RACE OD LYDORY STATISTICAL PARTICULARS 1. SXX 4. SPOLOR, OR RACE OD LYDORY STATISTICAL OD LYDORY STATISTICAL OD LYDORY STATISTICAL SXX MILL, BANK, BANK	(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SIXX	Length of residence in city or own where death occurred year, mos		ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WildWeb, ON DIVORCED (weight) word) 6. DATE OF DEATH 7. AGE 7.	2. FULL NAME (Ciffue /afterna)	If U. S. Veteran, specify WAR 7/0	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. CPLOR, OR RACE 5. SINCE, MARRIED, WIDWED. OR DIVORDED Oursifts word) 58. HI married, widoweel or divorced HUSBAND of Cory viries Grow viries 4. DATE OF DEATH 22. LI HE RE BY C ERT I FY That I attended deceased from Cory viries The RINCIPAL CAUSE OF DEATH on the date stated above, at 159 death is said to have occurred on the date stated above, at			
21. DATE OF DEATH Copy Co			-
Section Sect			
## PROPERTY Control of dispersion of particular flushable of control of the process of the proce		Sele. 27 193 7	,
HISSAND OF COT WIFE OF PIRTH (month, day, and year clearly and the state of the sta	5a If married widowed/ar divorced	(Month) (Day) (Reel	r)
6. DATE OF BIRTH (month, day, end year) 7. AGE 8. Trade, profession, or particular line. Additionally the profession of the particular line. The principle of the profession of the particular line. The principle of the profession	HUSBAND of	22. A HEREBY CERTIFY That I attended deceased	from
TAGE Years Months Days If LESS than 1 days	Hous Hagward	700 st 13/10, 700 26, 15	7
8. Trade, profession, or particular kind of work dome, as SPINNER SUMPLE, BOOKEREPER, etc	6. DATE OF BIRTH (month, day, end year) level 15 1863	I last saw h 12 alive on 710 219 , 1937; death is	s said
8. Trade, profession, or particular kind of work done as SPINNER SWYER, BOOKKEPER, etc. Research SWYER, BOOKKEPER, etc. Resear			
S. Trade, profession, or particular sets of the set of			
9 Industry or business in which work was done as SILK MILL, BANK, etc. 10. Dete deceased less worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place (Country) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 21. Total time (years) spent in this occupation Other Courbutory Causes of importance: What test confirmed diagnosis? Was there en autopsy? 22. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occurr? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Address) Address Manner of injury Nature of Injury Nature of Injury Nature of Injury Nature of Injury (Signed) M. D. (Address) M. D. (Address) M. D. (Address) M. D. (Address) M. D.	Z 8. Trade, profession, or particular	A A A A A A A A A A A A A A A A A A A	Duser
12. BIRTHPLACE (city or town). (State or country). 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL. Place Place (Address) 19. UNDERTAKER (Address) 20. FILED. 21. BIRTHPLACE (city or town). (State or country) Other Coatributory Causes of importance: Other Coatributory	SAWYER, BOOKKEEPER, etc.	Durly 193	2
12. BIRTHPLACE (city or town). (State or country). 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL. Place Place (Address) 19. UNDERTAKER (Address) 20. FILED. 21. BIRTHPLACE (city or town). (State or country) Other Coatributory Causes of importance: Other Coatributory	9. Industry or business in which work was done, as SILK MILL,	Physician only safe aak acce	
12. BIRTHPLACE (city or town). (State or country). 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL. Place Place (Address) 19. UNDERTAKER (Address) 20. FILED. 21. BIRTHPLACE (city or town). (State or country) Other Coatributory Causes of importance: Other Coatributory	SAW MILL, BANK, etc.	The is unable to give my securates course!	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMINION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED. 21. INFORMANT (Signed) 22. Steeler Country Other Centributery Causes of importance: Other Centributery Causes of importance:	- this occupation (manage and 1 0 4 1) spent in this	of death, Cutter	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 17. INFORMANT (Address) (A		Other Contributory Causes of importance:	
13. NAME			
14. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there en autopsy?			
State of country What test confirmed diagnosis? Was there en autopsy?	H IS. NAME		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 20. FILED 21. MAIDEN NAME 22. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury In any way releted to occupation of deceased? If so, specify (Signed) (Address) M. D. Registrar.	14. BIRTHPLACE (city or town)		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Pla			
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Pla	T. I. MAIDEN NAME		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Pla	16. BIRTHPLACE (city or town)		
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 3/2 , 1937 Resource (Address) 20. FILED (Address) 21. INFORMANT (Address) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury Nature of Injury In any way releted to occupation of deceased? If so, specify (Signed) (Address) (Address) (A	(State of country)	(Specify city or town, county and State)	
18. BURIAL, CREMATION, OR REMOVAL Place Consider the profession of profession of the	N/ - 1/ - 1/ - 1/	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
Place Cleanages Come is professed 3 , 1987 Nature of Injury 19. UNDERTAKER Acarme Segment 1987 (Address) Acarme Segment 1987 24. Was disease or injury In any way releted to occupation of occased? If so, specify (Signed) (Signed) M. D. Registrar. (Address) Acarme Segment 1987 (Address) Acarme Segment			
19. UNDERTAKER Active of the second of the s	PII I MALE I S		
20. FILED 3/2, 1937 RED Swith (Signed) (Address) During M. D.	Con a li		
20. FILED 3/2, 1937 REDOY Swith (Signed) Dun M.D. (Address) Dun Vell M.D.			
20. FILED (Address) Dur Tell Mid	(Addices) Control NACE IN G		
		A	.M. D.
		7	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Arteriosclerosis Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE

V. S. No. 1

1. PLACE OF DEATH	
County Worcester	Registration Dist. No. 35
Village of City Charles III Will Miles	No. St. Ward
A (4/	(If death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tenas ofockson	/ If U. S. Veteran, specify WAR 2D
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Aford)	21. DATE OF DEATH (Month) (Day) (Yaer)
5a. Il married, widowed, or diverced HUSBAND ol	
(or) WIFE of Jamuel Jackson	22. I HEREBY CERTIFY, that I attended decessed from
6. DATE OF BIRTH (month, day, and year)	I last saw hear alive on + W. 20 , 19.37 ; deeth is said
7. AGE Years Months Deys If LESS than 1 day,h	to have occurred on the date stated above, et
Choug 40 or or min.	were as lollows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Monche memoria 2/17/27
9. Industry or business in which	Muli Branche Via
work was done, as SILK MILL, BUNHonel	
10. Date deceased last worked at this occupation (months and years) spent in this occupation.	1)
	Other Contributary Causes ol importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME TOAK Herolson	
13. NAME STANDARD STANDARD 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis uspeced Exams. Was there an autopsy?
15. MAIDEN NAME Concel Coldada	23. If daath was due to axternel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country)	Accidant, suicide, or homicide? Date of Injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT GOVE HOCKET	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Myright Date Hef 1,19.3	Neture of injury
19. UNDERTAKER Helline Alkennis	24. Was disease or injury In eny way related to occupation of deceased?
(Addrass) Show Hill mg.	If so, spacify
20. FILED 2922, 190/ FEROY Sensitiva.	(Signed) M. D.
Kegistrar.	(undiess) - Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes—Date of onset of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MA	R 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	2001	July 5,1927	Peritonitis	3 days ago
1808	CAU V. S.			
Other contributory causes of impo	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CTATE OF MADY AND	CEDITIEICATE OF DEATH
	CERTIFICATE OF DEATH 2266
1. PLACE OF DEATH	95:8
County W occur	Registration Dist. No.
Village or City Grow Hull	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
^	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME woude Thomas Johnse	If U. S. Veteran, specify WAR 70
(a) Residence: No. Snow Hill P. 7.D.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WADOWED,	21. DATE OF DEATH
male while or bivaced (wrighthe word)	Month (Oav) 193 7
5a. If married, widowed, or divorcad	
(or) WIFE of alisabeth Moonson	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, and and year) Man 15 - 1850	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at
84 8 1 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work doma, as SPINNER	no Di in allendance.
Kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at	Went to bed in usual
work was done, as SILK MILL, Amm	health - found dead
O this occupation (month and / 2) spent in this Idea.	to heart attacks - had in
year)	Other Contributory Causes of Importance: Theat after wow
12. BIRTHPLACE (city or town) (State or country)	Probable love - weart failur
13. NAME Legal (Notings on	saucy received.
13. NAME Service (Abundan)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Jarak Branis	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Taymong townson	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL / -	Manner of injury
Place INY / awares Date Telli 14 , 1937	Nature of injury
19. UNDERTAKER Hewine the mil	24. Was diseasa or injury in any way related to occupation of decaased?
(Address) Brow Hell Mil	If so, specify
20. FILED 2/10, 1937 RECoy Secrita.	(Signad) Thou Duella M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
OCAH V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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1. PLACE OF, DEATH	CERTIFICATE OF DEATH
County Warcester	Registration Dist. No. 357
Village or City facouro be leity	ND # # 3 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAMED arah West to	JLU. S. Veteran, specify WAR
(a) Residence: No. Pormha eta ma 1789 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Heli 13- 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Le	22. I HEREBY CERTIFY, That I attended deceased from Jan. 12. 1937. to Feb. 11. 1937
6. DATE OF BIRTH (month, day, end year) May 25-1848	liest sew h LN elive on February, 1937; deeth is seld
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, and Solution.
88 8 19 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows: Date of onsat
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et /9 / 11. Total time (years)	Walnular Disease of
9. Industry or business in which	21
work wes done, es SILK MILL, SAW MILL, BANK, etc	Heart and
10. Date deceased lest worked et / 9 / 6 11. Total time (years) spent in this occupetion week.	Coloronic Nephritis 6 mm
12. BIRTHPLACE (city or town) Warcesterteo	Other Confributary Causes of Importance:
(State or oduntry) Maryland	
in 13. NAME angue	
14. BIRTHPLACE (city or town) Waraes Jerus	Name of operation
(State of Country)	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Mary S. Donnes	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary S. Boruce St. 16. BIRTHPLACE (city or town) Ware st. (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Are toology Reddere (Address) Pocomula Center The	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
LE BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Date 24 19.3	Neture of Injury
19. UNDERTAKER AND TENERSON	24. Wes disease or injury in eny wey related to occupation of deceased?
20. FILED Ful, 13, 1937 Mary M. Taylo.	(Signed) Lofun No Suchemon M. D. (Address) Starleton Ind
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

9967

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR S				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
Gaustones	May 1,1923	Gastroenteritis	1 1	

V. S. No. 1

certificate.

See instructions on back of

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Morcesler	Registration Dist. No. 35/
Village or Citylear Secontiell	No. St. Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) B
2. FULL NAME Jennie Lewis	If U. S. Veteran, specify WAR NO -
(a) Residence: No. Rear Scenification (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7. SEX Perrale White 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word)	21. DATE OF DEATH February 8, 193 7. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Lewis	22.4 I HEREBY CERTIFY, Thet I ettended deceased from A element 1, 1937, to the standard 1, 1937
6. DATE OF BIRTH (month, day, and year) Jule 28-1884	I last saw her alivedon felicities 1930; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Talen.
52 7 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows
8. Trada, profession, or particular kind of work done, as SPINNER, Levele SAWYER, BOOKKEPPER, etc.	Droncho-Tueumoria de us
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date decased last worked at this occupation (month and	13332.13
10. Date decaased last worked at this occupation (month and year) 11. Total tima (years) spent in this 3 04	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Cause of importance:
13. NAME George Sucack	
13. NAME Glorge Seerack 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Wyard any Was there an eulopsy?
15. MAIDEN NAME Celler Williams 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to axternal causes (VIOL ENCE) fill in also tha following:
(State or country) Workster & Md	Accident, suicide, or homicide?
17. INFORMANT Clearles Lewis FA	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Place Willards Mid Date Ast. 10, 1997	Nature of injury
19. UNDERTAKER - L. M Byerbage	24. Wes disease or injury in any way related to occupation of daceasad?
(Address) Bestin Mind.	If so, specify (Signed) (Signed) (M.D.
20. FILED 199/ 199/ Registrar.	(Address) My Vill Clar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago BUREAU Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

Z

20. FILED Fel.

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 226
Village or City Near Pocomoles Con	Registration Dist. No. 350
	If feath occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME faracle de la constant	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from 1937
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw harmonic alive on
kind of work done, es SPINNER, SAWYER, BOOKKEFER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (mgght and spent in this	
2. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME (City or town). (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT PROPERTY (Address) 16. Dec. (23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
B. BURIAL, PREMATION, OR BEMOVAL	Manner of injury

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PI	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2270
1. PLACE OF PEATH	(137)
County Morcester LIMITS OF	Registration Dist. No. 36/
Village or City Grow Hill	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 22 ds. How long in U.S. if of foreign birth?
2. FULL NAME Celepander Martine	1 If U. S. Veteran, specify WAR 10
(a) Residence: No. Omow Hill mo	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR' BACE OR DIVORCID (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
4. If marriad, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY That is attended deceased from
(or) WIFE of Ollen Dickerson	Jan 29 1937 to Feb, 3 1937
6. DATE OF BIRTH (month, day, and year Mauril 13 - 1853	(last saw h Sw alive on Feb 5 , 1937; death is said
7. AGE Years Months Days II LESS than	to have occurred on the data stated above, atm.
73 10 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	90
SAWYER, BOOKKEEPER, etc.	Envire
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9-Industry or business In which work was dona, as SILK MILL. SAW MILL, BANK, etc. 10. Data deceased last worked at this orgunation (much and	Hyperhophy of Morary.
10. Data deceased last worked at this occupation (many) and 13. Total time (years) spent in this occupation occupation	
1 / / / /	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME JURIN MORTENO	Denient J
13. NAME SULL MARLY 14. BIRTHPLACE (city or town) - The sull sull sull sull sull sull sull sul	Name of according to the control of
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? What test confirmed diagnosis? Was there an autops? U
15. MAIOEN NAME Want Know	
I POLITICAL PROPERTY OF THE PR	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
16. BIRTHPLACE (city or town) 16. State or country)	Where did injury occur?
17. INFORMANT Carrest Mary	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) arting of Grand Helb 14	
Place Delengalem. Date Tely \$ 1937	Manner of injury
1927	Nature of injury
19. UNDERTAKER FERMIL AND THE TOTAL	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 26 , 1937 RELoy Scienth. Registrar.	(Signed) Valgete MD.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 5 1937			
	§		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-	ite	S	Jo	1
3)	-WRITE PLANCY, WITH UNFADING INK-THIS IS A PERMANENT RECOLD. Every ite	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sl	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
	RECA	Y. PHY	Exact s	
NDING	MANENT	ACTL	lassified.	
AARGIN RESERVED FOR BINDING	S A PER	tated E	roperly c	TION is very important. See instructions on back of certificate.
ED F	THIS I	d be st	y be p	k of ce
ESERV	INK	E shoul	it it ma	on pac
IN R	ADING	d. AG	s, so tha	ructions
AAR	I UNE	supplie	in terms	See inst
	7, WITI	arefully	H in pla	rtant.
	LAMES	Id be c	DEAT	ry impo
T	RITE P	ion shor	JSE OF	N is ve
1	-W	mati	CAL	TIO

V. S. No. 1

state

OCCUPAplnods

D. Every item of infor-

1. PLACE	OF DEATH	OF MAR	YLAND—	CERTIFICATE OF DEATH	2271
County_	Worcester			Registration Dist. No. 35	53
Village o	r City Bishopvil	le	(11	No. St., St., death occurred in a horpital or institution, give its NAME instead of street and street and st. How long in U.S. if of foreign birth? yrs. m	number)
2. FULL N	IAME Clara I	ouise Moo	re	If U. S. Veteran, specify WAR	***********
(a) Resid	dence: No	(Usual place	of abode)	St., Ward. If nonresident give city or town and	Siale
PERSO	ONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX F.	4. COLOR OR RACE C.		RIED, WIDOWED,	21. DATE OF DEATH Feb. 5 (Month) (Day)	, 193 7 (Year)
(or) WIFE o	f			22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRT	TH (month, day, and year)	eb. 5, 19	37	I lest saw h, 19,	.; death is sa
7. AGE	Years Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
NOTA SAW	ofession, or particular of work done, as SPINNER, YER, BOOKKEEPER, etc or business in which	infant		Crushed skull in birth	-
	was done, as SILK MILL, MILL, BANK, etceased last worked at occupation (month and	11. Total t	time (years) ent in this upation		-
12. BIRTHPLACE (State or	(city or town) Bish	opville rcester		Other Contributory Causes of Importance:	
13. NAME	Louis Mitch	nell			
	ACE (city or town) France or country) St	kford Issex	Dig.	Name of operetion Date of Was there an	
15. MAIDEN	NAME Della Mae	Moore		23. If death was due to external causes (VIOLENCE) fill in also the followin	
15. MAIDEN NAME Della Mae Moore 16. BIRTHPLACE (city or town) Bishopville (State or country) Worcester				Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT .	Annie Moore Bishopvil	le, Md.		(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	

18. BURIAL, CREMATION, OR REMOVAL Longs Chapel Date Feb. 6 Nature of injury Isaac Moore (Grandfather) 19. UNDERTAKER (Address) Bishopville, Md. 20. FILED Feb. 6 , 19 37 James L. Ryan

Bishopwi

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street ar	1 week ago
Cerebral hemorrhage	July 5,1927	Perit atis	3 days ago
01		D Z	
Other contributory causes of importance:		O her contributory causes of importance:	
Gallstones	May 1,1923	Gastroe deritis	1 year
		10 3	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should properly classified. FOR BINDING TARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(B)
County Morchsles	Registration Dist, No. 35/
Village or City Sirole tree	No. St Ward
211	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 2 - 7 - yrs	
2. FULL NAME (Narley 8. 19 nle	If U. S. Veteran, specify WAR ///
(a) Residence: No. Sindletreef	St., Ward.
(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W	
Male While widow	(Month) (Dey) (Yeer)
5a/If merried, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY, Thet I ettended deceased from
(or) WIFE of Mary Ce. Onle	Fre 19 1937 to Fre 20 1937
S DATE OF BIRTH (mostly day and was PMD4/ 17 - 18	(52) Hest sew h. Lister elive on 740 20 1937 death is sei
6. DATE OF BIRTH (month, dey, and yeer) // // // // // // // 7. AGE Yeers Months Days If I	ESS then to heve occurred on the date steted above, et
+1/. 0 0 g 1dey,	hrs. The PRINCIPAL CAUSE OF DEATH and releted couses of importance
& Trede, profession, or particular	min. were as follows: Date of onse
kind of work done, es SPINNER, Mahluman	Ourrie Vilying the religious of
9. Industry or business in which	1920
work was done, es SILK MILL, SAW MILL, BANK, etc.	
11. Total time (year spent in this	s)
yeer)occupetion	Dther Contributory Causes of importence:
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stete or country)	
13. NAME / Veneral of Onley	
13. NAME / LANGE TO THE STATE OF THE STATE O	Neme of operation Dete of
(State or country) A Maryland	What test confirmed diegnosis? Was there en eulopsy?
15. MAIDEN NAME Salles Truit	23. If deeth wes due to external ceuses (VIDLENCE) fill in elso the following:
15. MAIDEN NAME Salles Trust 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury19
Stele or country)	Where did injury occur?
Mars Arned VI Julian	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANY (Address) His West Constitution (Address)	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place of Minist full Casy: Date felt 2	3.,19.3 Neture of Injury
10 UNDERTAKED HEARTH IN TO 'OIL	24. Wes disease or injury In any wey releted to occupetion of deceased?
19. UNDERTAKER // CANDON + M. C.	If so, specify
202 37 FEP. 81 -	(Signed) Sun h. / Mely M.
20. FILED 19 / 6 6 9 0111	Registrar, (Address) Dury All M.
	tte Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis AR	1921	Run over by street car	1 wcek ago
Cerebral homorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state of OCCUPA. BARITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. FOR BINDING certificate. IARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of should be carefully supplied. TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	1/-2
County Worcester	Registration Dist. No. 317
Village or City en Welloume	No. St Ward
	death occurred in a hospital or iostitution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John to Castella	<i>U</i>
(a) Residence: No. Wellousne	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CQLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH (/ ~
OR DIVORCED (write the word)	Feb. 12 19337
5e. If married, widowed, or divorcad	(Month) (Day) (Yaar)
HUSBAND of Cory WIFE of June Gratten	22. I HEREBY CERTIFY. That I attanded deceased from
any any and and and	Tef. 11. 1937, to Feb. 15 , 1837
6. DATE OF BIRTH (month, day, and year) Lug 3, 18 65	I last saw have alive on tele 15 , 193 7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. #
7/ 6 /4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence ware as follows:
Z 8. Trede, profession, or particular	Date of onset
kind of work done, as SPINNER, Jourse Carpenter	Influenza and
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	
SAW MILL, BANK, atc	Loton (meunousa 10 day
o this occupation (month and 1936 spent in this 40 418	
1. 1	Other Contributary Causes of importanca:
12. BIRTHPLACE (city or town) Mary tarea (State or country)	
I OU O	
[14. BIRTHPLACE (city or town) Affany Care (State or country)	Neme of operation Data of
	What test confirmed diagnosis? Wes there en eutopsy?
T O O O O O O O O O O O O O O O O O O O	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
David (0 1) 1-	Whare did injury occur?
17. INFORMANT (WIN WAVELLE, WIND	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mennar of injury
Place Wardlown Med Data Leb. 19, 1937	Neture of injury
m. Slid	Ma
19. UNDERTAKER Meman Sheelds (Addrass) Wew Yohnsele Uu	24. Was disaase or injury in any way related to occupation of dacaasad?
1	(Signad) Interes D. Deckerson M.D.
20. FILED Jel. 17., 1937 Mary M. Jay la	(Addrass)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1937	July 5,1927	Peritonitis	3 days ago
BUNGAU V. 8			
Other contributory causes of importance:	ne comb	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			10-7-1

ADDITIONAL	SPACE FOR	FURTHER STA	TEMENTS BY	PHYSICIAN	

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s e	e p	TION is very important. See instructions on back of certificate.
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	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	mation should be carefully supplied. AGE should be stated EXACTLY. PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact

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should state of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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")	./	1	68
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1	PLACE OF DEATH	(131)
	County Worcesler.	Registration Dist. No. 387
	Village or City nework R.J. P.	NoSt.,Ward
		death occurred in a hospital or iostitution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds,
,	FULL NAME Tabitha Selby.	
-	0 1 0 1 0	If U. S. Veteran, specify WAR
-	(a) Residence: No. Your Wark (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	4. COLOR OR RACE OF DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
	DATE OF BIRTH (month, dey, and year)	last saw h
7. /		to have occurred on the date stated above, atm.
	87 yrs unknown or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Date of one et
OCCUPATION	9 Industry or husiness in which	p. The second
CUF	work was dona, as SILK MILL, SAW MILL, BANK, etc.	Chronic enterstited rephrities
00	10. Data deceased last worked at this occupetion (month and year)	Durations about 20 years Cuty
12.	BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
2	(State or country)	
FATHER	13. NAME Turner Survell.	1/2/2
FAT	14. BIRTHPLACE (city or town) (State or country)	Nama of operation
ER.	15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) unknown	Accident, suicide, or homicide? Date of injury 19
M	(Stete or country)	Where did injury occur?
17.	INFORMANT Mrs. Leving Clerriell (Address) new grif more e md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Mannar of injury
	Place Odar Chapel. Date Febr. 24, 1937.	Natura of injury
19.	UNDERTAKER W. Burbage	24. Was disease or injury in any way ralated to occupation of decessed?
20.	FILED 2/24, 1937 REROY Smith, Resistrar.	(Signad) M. D. (Address) M. D.
R	Kegustrar.	" (NUUIESS)

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- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

-	V. 1 (210-m) 3 -1
1	Registration Dist. No. 35/
(If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. If of foreign birth? yrs. mos. ds.
10	If U. S. Veteran, specify WAR
	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	(Month) (Day) (fear)
	(multil) (Day) (15a1)
	22. HEREBY CERTIFY, That I attanded dacassed from
)	last saw hem alive on never, 19 ; daath is said
	to have occurred on the date stated above, at 1:37 P.m.
rs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	Internal obest Date of onset
	injuries,
	meltiple fractury it orm
•	Fracture aft tog.
	Shack
	Other Contributory Causes of Importance:
	March March - March -
	Name or operation Date of
	What test confirmed diagnosis? Was there an autopsy! Co
-	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, saicide, or homicide? All Level Date of Injury 2/0, 1907
	Where did Injury occur? (Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	Manner of Injury Dieta Cleel Levil
.7.	Nature of injury Druck by Irain.
	24. Was disease or injury In any way related to occupation of deceased?
	If so, specify
	(Signed) Cliffort 6. Scholl M. D. (Address) Mewark m.f.
	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 5 1937			
Other contributory causes of importance: 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1.	2.	3. SI	3. Si 5e. I	6. D	MOTHER FATHER OCCUPATION	12.	FATHER	MOTHER	17.		19.
				ertificate.	TION is very important. See instructions on back of certificate.	uction	See instr	portant.	ry im	is ve	TION
COCCUPA.	statement of	Exact	classified.	roperly	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	, so th	ain terms	TH in pl	DEA	E OF	CAUS
should state	INSICIANS 8	7. PH	XACTL	stated E	matten should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	d. A0	y supplie	carefull	ald be	Spor	matro
em of infor-	RD. Every it	RECO	MANENT	IS A PER	INK-THIS	DING	H UNF	LY, WIT	LAI	TE Y	-WEI
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 2276
1. PLACE OF DEATH	(1/8)
County Wescertler	Registration Dist. No. 352
Village or City Beilin	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
le le M	
2. FULL NAME A Marles Jamones	If U. S. Veteran, specify WAR
(a) Residence: No. / 2	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DE THE LEG 1937 (Year)
Se. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary & Harry	22. 2 HEREBY SERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day and year) May 15 1906	I last saw hom alive on Test 25, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2 4 m.
	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
R Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Lobar preunique
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) 4 spent in this occupation for the occ	
12. BIRTHPLACE (city or 10wn) Berlin:	Other Contributory Causes of importance:
(State or couplry)	Prestaled alseuse.
13. NAME Charles Times	
13. NAME Collage States 14. BIRTHPLACE (city or town) Bulling	Name of operation. The Date of
(Stete of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Elizabell 4: 00 fr. 16. BIRTHPLACE (city or town) Balling	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Bellin	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs. Lightly functions (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL ma ma st.	Manner of injury
Place	Nature of Injury
19. UNDERTAKER for Thuras	24. Was disease or injury in any wey related to occupation of deceesed?
20. FILED Mars / 1937 & V Musifyrd	(Signed) Eliford & Jakan M. D. (Address) Derlin M. J.
A Rugella:	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	ł	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NAR	July 5,1927	Peritonitis	3 days ago
8/18/2019			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED mation should be carefully supplied. AGE should be

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 2277
County Wongerter :	Registration Dist. No. 955
Village or City Whatenutto	No. St., Ward
27	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
9	If U. S. Veteran, specify WAR
	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH. (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Cory WIFE of James . Learners	22. HEREBY CERTIFY That ettended deceesed from
1 1 27 11.50	1931, to 200 1960
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 de 'm.
1 day,hrs	
8. Trada, profassion, or particular	were as follows: Outside Thomas Date of onset 2.22.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mels es dities
9. Industry or business in which	- / My Parmun
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decesed last worked at this occupation (month and	
Shaurin ruis	· A
year) occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	- A
(Stata or country) Morry (Stata or country)	- Chr interst nephretis
13. NAME James Marky	(0.)
13. NAME James Daify 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Mancy Halloway.	23. If death was due to external causes (VIOL ENCE) fill in etso the following:
15. MAIDEN NAME Mancy Halloway 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Berlin md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Distrapantil 10 Date della old 193	Nature of Injury
19. UNOERTAKER M. Jasher Gatson (Address) Selburulle Med	24. Was disease or injury in any way related to occupation of decaased?
20. FILED 2-22-, 1997 Alelen & Haywa	(Address) Willaids md
D	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADYLAND CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUKCAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2278
1. PLACE OF DEATH	
County Way (Sless	Registration Dist. No. 35/
Village or City Gudleree Mittil	F/ No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?rsmosds.
2. FULL NAME Comme Nictor	If U. S. Veteran, specify WAR
(a) Residence: No. Sindletree P. F. D. # 1	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHY
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of Robert Nictor	22. # HEREBY CERTIFY That I attended decessed from
6. DATE OF BIRTH (month, day, and year) March 12 1974	I last saw h. L.Z. alive on \(\frac{113}{2} \) 1937; death is said
7. AGE Years Months Oays If LESS then	to have occurred on the date stated above, at 7 - 41 m.
5958 11 16 1day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as I ollows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	J. J
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Carculonia of only 1935
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Comary some normal of thest-wells both
10. Oate deceased last worked at 11. Total time (years)	- front and back. Duration: one year.
this occupation (month to year) spent In this occupation	Curson.
12. BIRTHPLACE (city or town)	Other Cantributary Causes of Importance:
(State or country)	***************************************
13. NAME TOWN A COMMON	
14. BIRTHPLACE (city) or town)	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Sarah	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT OUT VIOLEN AND HIS	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plan School 4, 1937	Manner of injury
19. UNDERTAKER Hearne Alexanish	24. Was disease or injury in any way related to occupation of deceased?
(Address) Anow Hill My	If so, specify
20. FILEO 3/2 , 1937 REPOY Scillett. Registrar.	(Signed) M. O. (Address) Surviv Still M. M. O.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

OCCI should Jo statement PHYSICIAN Exact BINDING classified A properly RESERVED may should that ARGIN See in plain carefully OF DEATH pe pluods CAUSE LION

S. No.

M

17. INFORMANT. (Addrass)

19. UNDERTAKER

(Address)

18, BURIAL, CREMATION, OR REMOVAL

· · · · · · · · · · · · · · · · · · ·		
STATE OF MARYL	AND-CERTIFICATE OF DEATH	227
1. PLACE OF DEATH		
County Worcester	Registration Dist. No.	355
Village or City Whaleywelle	No	St.,
Length of residence in city or town where death occurred 35. ve	(If death occurred in a hospital or institution, give its NAME instead of	

Village or Ci Length of resid 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word) (Day) 5a. If married, widowed, or divorced HUSBAND ot That i attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Yeaks 7. AGE Month! Days If LESS than to have occurred on the data stated above, at 1 dayhrs. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca or____min. 8. Trada, protession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc...... 10. Date daceased last worked at 11. Total tima (years) spent in this this occupation (month and year) _____ occupation __ Other Contributory Causes of importance: 12. BIRTHPLACE (city or tow (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) Date of injury _____ 19 (State or country) Where did Injury occur? ___

Specity whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Registrar.

Mannar of injury

Nature of Injury_

24. Was diseasa or injury In any way related to occupation of daceased? If so, specify

(Specify city or town, county and State)

Ward

(Year)

Date of onset

2-203

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	. 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
And the latest the second seco				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN